

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | WA       |        | 11-27-01 |
| O.I.P.E. CLASSIFIER       | 48       |        | 12/3/01  |
| FORMALITY REVIEW          | MH       | 920    | 12-06-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

BEST AVAILABLE COPY

| Claim | Date           |
|-------|----------------|
| Final | Office 3/10/03 |
| 1     | ✓              |
| 2     | ✓              |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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9/1  
12/6/01